

FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT  
UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW JERSEY

ALFONSO T.R. NICHOLAS

COMPLAINT

(Enter above the full name of the plaintiff in this action)

V.

Civil Action No.                 

(To be supplied by the Clerk of the Court)

SIXTH WARD STATE PRISON  
NEW JERSEY D.O.C.

RECEIVED

NEW JERSEY HEALTH DEPARTMENT  
THE STATE OF NEW JERSEY  
(Enter the full name of the defendant or defendants in this action)

JUL 12 2021

AT 8:30 M  
WILLIAM T. WALSH  
CLERK

INSTRUCTIONS; READ CAREFULLY

1. This complaint must be legibly handwritten or typewritten, signed by the plaintiff and subscribed to under penalty of perjury as being true and correct. All questions must be answered concisely in the proper space on the form. Where more space is needed to answer any question, attach a separate sheet.
2. In accordance with Rule 8 of the Federal Rules of Civil Procedure, the complaint should contain (1) a short and plain statement of the grounds upon which the court's jurisdiction depends, (2) a short plain statement of the claim showing that you are entitled to relief, and (3) a demand for judgment for the relief which you seek.
3. You must provide the full name of each defendant or defendants and where they can be found.
4. You must send the original and one copy of the complaint to the Clerk of the District Court. You must also send one additional copy of the complaint for each defendant to the Clerk. Do not send the complaint directly to the defendants.
5. Upon receipt of a fee of \$400.00 (a filing fee of \$350.00, and an administrative fee of \$50.00), your complaint will be filed. You will be responsible for service of a separate summons and copy of the complaint on each defendant. See Rule 4, Federal Rule of Civil Procedure.

6. If you cannot prepay the \$400.00 fee, you may request permission to proceed in forma pauperis in accordance with the procedures set forth in the application to proceed in forma pauperis. See 28 U.S.C. §1915. (If there is more than one plaintiff, each plaintiff must separately request permission to proceed in forma pauperis.)

7. If you are given permission to proceed in forma pauperis, the \$50.00 Administrative Fee will not be assessed. The Clerk will prepare and issue a copy of the summons for each defendant. The copies of summonses and the copies of the complaint which you have submitted will be forwarded by the Clerk to the United States Marshal, who is responsible for service. The Marshal has USM-285 forms you must complete so that the Marshal can locate and serve each defendant. If the forms are sent to you, you must complete them in full and return the forms to the Marshal.

**QUESTIONS TO BE ANSWERED**

1a. Jurisdiction is asserted pursuant to (CHECK ONE)

42 U.S.C. §1983 (applies to state prisoners)  
 Bivens v. Six Unknown Named Agents of Fed. Bureau of Narcotics, 403 U.S. 388 (1971) and 28 U.S.C. § 1331 (applies to federal prisoners)

If you want to assert jurisdiction under different or additional statutes, list these below:

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1b. Indicate whether you are a prisoner or other confined person as follows:

Pretrial detainee  
 Civilly-committed detainee  
 Immigration detainee  
 Convicted and sentenced state prisoner  
 Convicted and sentenced federal prisoner  
 Other: (please explain) \_\_\_\_\_

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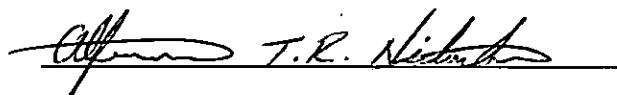
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8. Do you request a jury or non-jury trial? (Check only one)

Jury Trial ( ) Non-Jury Trial

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 7 day of July, 2021



Signature of plaintiff\*

(\*EACH PLAINTIFF NAMED IN THE COMPLAINT MUST SIGN THE COMPLAINT HERE. ADD ADDITIONAL LINES IF THERE IS MORE THAN ONE PLAINTIFF. REMEMBER, EACH PLAINTIFF MUST SIGN THE COMPLAINT).

**2. Previously Dismissed Federal Civil Actions or Appeals**

If you are proceeding in forma pauperis, list each civil action or appeal you have brought in a federal court while you were incarcerated or detained in any facility, that was dismissed as frivolous or malicious, or for failure to state a claim upon which relief may be granted. Please note that a prisoner who has on three or more prior occasions, while detained in any facility, brought an action or appeal in a federal court that was dismissed as frivolous or malicious, or for failure to state a claim upon which relief may be granted, will be denied in forma pauperis status unless that prisoner is under imminent danger of serious physical injury. See 28 U.S.C. § 1915(g).

**a. Parties to previous lawsuit:**

Plaintiff(s): N/A

Defendant(s): N/A

**b. Court and docket number:** N/A

**c. Grounds for dismissal:**  frivolous  malicious  
 failure to state a claim upon which relief may be granted

**d. Approximate date of filing lawsuit:** N/A

**e. Approximate date of disposition:** N/A

If there is more than one civil action or appeal, describe the additional civil actions or appeals using this same format on separate sheets.

**3. Place of Present Confinement?** SOUTH WOODS STATE PRISON

**4. Parties**

(In item (a) below, place your name in the first blank and place your present address in the second blank. Do the same for additional Plaintiffs, if any.)

**a. Name of plaintiff:** ALFONSO T.R. NICHOLAS

Address: 215 BURLINGTON RD. SOUTH, BRIDGETON, N.J. 08302

Inmate#: 619833/33070ZD

b. First defendant:

Name: JOHN POWELL

Official position: ADMINISTRATOR

Place of employment: SOUTH WOODS STATE PRISON, 215 BURLINGTON RD. SOUTH

BRIDGETON, N.J. 08302

How is this person involved in the case?

(i.e., what are you alleging that this person did or did not do that violated your constitutional rights?)

NEGLIGENCE AND WILLFUL AND WANTON MISCONDUCT  
DURING THE COVID-19 SHUTDOWN.

c. Second defendant:

Name: MARCUS O. HICKS

Official position: COMMISSIONER

Place of employment: DEPARTMENT OF CORRECTIONS, WHITTLESEY ROAD

P.O. BOX 863 TRENTON, N.J. 08625

How is this person involved in the case?

(i.e., what are you alleging that this person did or did not do that violated your constitutional rights?)

NEGLIGENCE AND WILLFUL AND WANTON MISCONDUCT  
DURING THE COVID-19 SHUTDOWN

d. If there are more than two defendants, attach a separate sheet. For each defendant specify: (1) name, (2) official position, (3) place of employment, and (4) involvement of the defendant.

THIRD DEFENDANT:

NAME: JUDITH M. PERSICCHILLI

OFFICIAL POSITION: COMMISSIONER

PLACE OF EMPLOYMENT: HEALTH DEPARTMENT, STATE HOUSE, 125 W. STATE ST., TRENTON,

N.J. 08625

HOW IS THIS PERSON INVOLVED IN THE CASE?

(I.E., WHAT ARE YOU ALLEGING THAT THIS PERSON DID OR DID NOT DO THAT  
VIOLATED YOUR CONSTITUTIONAL RIGHTS?) NEGLIGENCE AND WILLFUL AND  
WANTON MISCONDUCT DURING THE COVID-19 ~~SHUTDOWN~~ SHUTDOWN AND NOT  
MAKING SURE THE DOC. AND PERSON WAS FOLLOWING THE RULES PUT IN PLACE BY THE STATE AND C.D.C.

FOURTH DEFENDANT:

NAME: PHILIP D. MURPHY

OFFICIAL POSITION: GOVERNOR

PLACE OF EMPLOYMENT: STATE HOUSE, 125 W. STATE ST., TRENTON, N.J. 08625

HOW IS THIS PERSON INVOLVED IN THE CASE?

(I.E., WHAT ARE YOU ALLEGING THAT THIS PERSON DID OR DID NOT DO THAT  
VIOLATED YOUR CONSTITUTIONAL RIGHTS?) NEGLIGENCE AND WILLFUL AND  
WANTON MISCONDUCT DURING THE COVID-19 SHUTDOWN AND NOT  
MAKING SURE THE D.O.C. WAS FOLLOWING HIS RULES AND C.D.C. RULES DURING THE COVID-19  
SHUTDOWN.

5. I previously have sought informal or formal relief from the appropriate administrative officials regarding the acts complained of in the Statement of Claims on page 6.

Yes  No

If your answer is "Yes," briefly describe the steps taken, including how relief was sought, from whom you sought relief, and the results.

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If your answer is "No," briefly explain why administrative remedies were not exhausted.

BECAUSE THE COMPLAINT IS AGAINST THEM AND DURING AND AFTER THE COVID-19 SHUTDOWN I NEVER SEEN THEM AND IF I WRITE THEM IT NEVER GETS TO THEM.

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6. Statement of Claims

(State here as briefly as possible the facts of your case. Describe how each defendant violated your rights, giving dates and places. If you do not specify how each defendant violated your rights and the date(s) and place of the violations, your complaint may be dismissed. Include also the names of other persons who are involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach a separate sheet if necessary.)

THE COMPLAINT AGAINST SOUTH WOODS STATE PRISON IS THAT THEY SHUTDOWN A UNIT IN POPULATION FOR QUARANTINE WHICH HELPED CAUSED THE SPREAD IN THE PRISON THEN DURING THE SHUTDOWN WHEN THERE IS SUPPOSE TO BE NO MOVEMENT AT ALL THEY WAS BRINGING IN RESIDENTS FROM THE HALFWAY HOUSE ACROSS THE STREET FROM THE PRISON IN JUST PUTTING THEM IN POPULATION WITHOUT TESTING THEM AND THEY WAS BRINGING IN PRISONERS FROM OTHER PRISONS AT 2 AM IN THE MORNING WHEN THEY WAS NOT SUPPOSE TO BE MAKING ANY MOVEMENTS WHICH HELPED CAUSED THE DEATH OF ALLOT OF PRISONERS

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AND OFFICERS AND DURING THE TIME THEY ARE NOT SUPPOSE TO BE MAKING MOVEMENTS THEY MOVED ME MULTIPLE TIMES AND ONE OF THEM TIMES THEY MOVED ME TO THE UNIT THAT WAS QUARANTINE WITHOUT CLEANING IT OR GETTING RID OF THE MATS AND PUTTING IN NEW ONES ALL THEY DID WAS TAKE THE QUARANTINE SIGN OFF THE DOOR, THE TIMES I WAS MOVED WAS 8-29-20 FROM ROOM 2023-D TO 2072-U BACK TO 2023-D ON 4-2-L IN THE SAME DAY THEN THEY MOVED ME FROM ROOM 2023-U ON 10-7-20 TO 1046-U IN CCU-APOD THEN ON 10-8-20 THEY SENT ME BACK TO 4-2-L IN ROOM 2023-U THEN ON 11-2-20 I WAS MOVED TO 6-1-L ROOM 1006-U THEN FROM THERE THEY MOVED ME TO 5-1-R WHICH WAS QUARANTINE BEFORE THEY TOOK THE SIGN OFF THE DOOR THEY PUT ME IN ROOM 1093-D ON 11-5-20 THEN THEY TURN 5-1-R BACK TO QUARANTINE AND MOVED ME TO 5-2-L IN ROOM 2002-D ON 11-19-20 THEN I WAS MOVED AGAIN ON 12-23-20 TO ROOM 2028-D ON 5-2-L THEN AGAIN TO 5-1-L IN ROOM 1027-U THE WHOLE SITUATION HAVE BEEN TRAUMATIZING AND STRESSFUL AND THE LAST TIME I STRESSED THIS BAD I HAD A STROKE AND I WAS ONLY IT AT THE TIME. THE CLAIM WITH THE N.J.D.O.C. IS THAT THEY ALLOWED THE PRISON TO DO THIS AND NEVER CHECKED IN TO MAKE SURE THE PRISON WAS FOLLOWING THE C.D.C. GUIDELINE AND LOCKING THE PRISON DOWN AND MAKING SURE THERE WAS NO MOVEMENT. THE CLAIM AGAINST THE NEW JERSEY HEALTH DEPARTMENT IS BECAUSE THEY NEVER CAME ONCE TO CHECK THE PRISON TO MAKE SURE THEY WAS DOING WHAT THEY WAS SUPPOSE TO DO OR MAKING SURE THE N.J.D.O.C. WAS DOING THEY JOB THE NEW JERSEY HEALTH DEPARTMENT SHOULD HAVE BEEN OVERSEEING EVERYTHING IN THE N.J.D.O.C. TO PREVENT THE SPREAD OF COVID-19. THE CLAIM AGAINST THE STATE OF NEW JERSEY IS BECAUSE THE STATE SHOULD HAVE BEEN OVERSEEING EVERYTHING TO MAKE SURE EVERYBODY WAS DOING THEY JOB WHEN IT COMES TO THE N.J.D.O.C. & PRISONS TO PREVENT THE SPREAD OF COVID-19. THIS IS PRISON IT SHOULD HAVE BEEN LOCKED DOWN IN THE BEGINNING THE SPREAD OF COVID-19 SHOULD HAVE NEVER GOT THAT OUT OF CONTROL AND AS CRAZY AS IT SOUND PRISON WAS ONE OF THE SAFEST PLACES FROM COVID-19 CAUSE WE DIDNT GO ANYWHERE TILL THE VIRUS CAME IN HERE CAUSE NO ONE WAS DOING THEY JOB AND I PERSONALLY FEEL LIKE EVERY DEFENDANT IN THIS CLAIM PUT MY LIFE IN DANGER.

7. Relief

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

I WOULD LIKE TO BE COMPENSATED FOR NEGLIGENCE AND WILLFUL AND WANTON MISCONDUCT AND PUTTING MY LIFE IN DANGER.